

Dental Options Benefits

July 1, 2007 – June 30, 2008

Benefit	Regional Traditional Dental Coverage	Regional Preferred Dental In-Network	Out-of-Network
Class I - Diagnostic, Preventive, sealants, space maintainers	100% of AB	100% of AB	75% of AB
Class II – Fillings, periodontics (non-surgical) simple extractions	80% of AB (after deductible)	80% of AB (after deductible)	60% of AB (after deductible)
Class III – Periodontics (surgical) Endodontics, oral surgery, anesthesia	80% of AB (after deductible)	80% of AB (after deductible)	60% of AB (after deductible)
Class IV – Crowns and crown build up, dentures, bridges, inlays/onlays/veneers	50% of AB (after deductible)	50% of AB (after deductible)	35% of AB (after deductible)
Class V – Orthodontics (Up to Age 19)	50% of AB	50% of AB	35% of AB
Annual Deductible Classes II, III and IV			
Individual	\$ 25	\$ 25	\$ 75
Family	\$ 75	\$ 75	\$150
Maximums			
Annual Maximum Classes I, II, III and IV	\$ 1,500	\$ 1,500 Combined In and Out-of-Network	
Lifetime Maximum Class V	\$ 1,000	\$ 1,000 Combined In and Out-of-Network	
AB-Allowed Benefit			